and taking concerted action to eventually eliminating all direct and indirect advertisement, promotion and sponsorship concerning tobacco.

Health facilities in rural areas

537. SHRI RAJNITI PRASAD: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what steps are taken to augment and strengthen the basic health infrastructure in rural areas under National Rural Health Mission (NRHM);

(b) whether Government would consider providing ambulances and mobile health vans in rural areas in view of the acute shortage of basic health amenities there; and

(c) what steps are being taken to ensure mandatory posting of doctors and paramedical staff in rural areas?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) For comprehensive rejuvenation of public system for delivery of quality health care services on affordable and equitable basis to citizens health infrastructure at all levels have been taken up for augmentation and strengthening under the National Rural Health Mission [NRHM]. The steps proposed by the states in this regard are appraised and approved by the Govt. of India as part of the Annual Programme Implementation Plans [PIPs] of States under NRHM. Under the mission, States have set up new health facilities, undertaken construction of new buildings besides renovation of existing facilities, installation of modern health care equipments and operationalised local management of services through the Rogi Kalyan Samitis. In order to ensure appropriate referral connectivity, transport and telecommunication facilities have been provided at the health facilities. Mobile Medical Units have been approved to improve the availability of health care services in remote areas where there are shortage of health infrastructure and amenities.

Under NRHM additional Human resource has been positioned by the States and existing staff has been multi-skilled and trained through short courses. Financial and other incentives are provided by various States to Medical Practitioners to encourage them. The gaps in availability of health HR is also being compensated through mainstreaming of AYUSH providers, block pooling of service providers, engagement with non governmental providers through contracting in for services.

Global hunger index *vis-a-vis* India

538. SHRI K.E. ISMAIL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that India has been ranked a poor 65th on Global Hunger Index for 2009 on under nourishment, child malnutrition and child mortality; and